

# EFFECTIVE DRUG POLICY

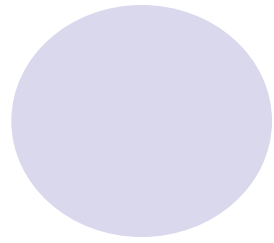
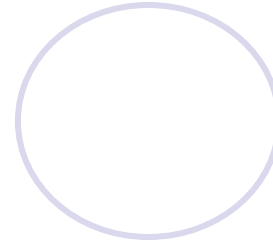
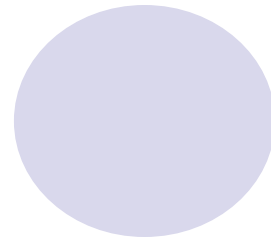
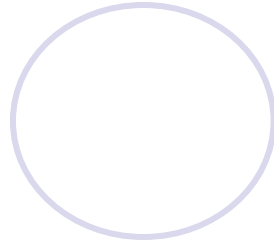
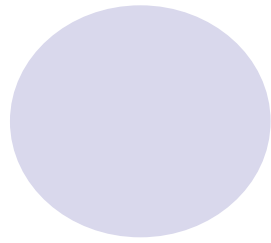
by

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**Drug Free**  
**AMERICA**  
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# Components of Effective Drug Policy

- Prevention
  - Prevention of first time use
  - Intervention on non-addicted users
- Treatment
  - Relapse prevention must be included
- Law enforcement and Interdiction

# Public Policy



- Must be built upon valid research findings and available historical experience.
- Must take into account considerations for long-term impacts of such policy.

# Public Policy



- Must address use, misuse, abuse, and addiction
- Must address ALL drugs
  - Illegal drugs, including synthetic drugs and naturally occurring drugs such as marijuana and opiates
  - Legally prescribed drugs
  - Legal over-the-counter drugs
  - Alcohol

# ***2006 World Drug Report* of the United Nations Office of Drug Control (UNODC)**

- Some 200 million people, (5 % of the global population) age 15-64, used illicit drugs at least once in the preceding 12 months.
- UNODC Executive Director Antonio Maria Costa urged governments to address three key problems:
  - 1) soaring heroin production in Afghanistan;
  - 2) growing demand for cocaine in Europe; and
  - 3) increasing global consumption of cannabis.

# Cannabis use



- Of all illicit drugs, cannabis remains by far the most widely used illicit drug.
- There are 162 million consumers, (4% of the world's population) in the 15-64 age group.
- More than a 10% increase in cannabis use from the late 1990s.

# Treatment demand for cannabis users is up globally

- North America - from 23% to 43%; at levels similar to cocaine-related demand and most prominent demand for treatment of youth
- South America - from 15% to 24%
- Europe - from 10% to 16%
- Oceania - from 13% to 36%
- Asia - from 9% to 12%
- Africa - most of the treatment demand is linked to cannabis (63% in 2004)

# Understanding the potency of marijuana



- Average levels of THC found in marijuana rose from less than 1% in the mid-1970s to over 7% in 2005 in U.S.
- A report issued in July 2007 by the Institute for a Drug Free Workplace reports THC found to be at concentration level of 8.5% in U.S.

# Understanding the potency of marijuana (Cont'd)



- Sinsemilla potency (marijuana obtained from female plants that have not been pollinated) doubled over the past couple of decades (6% to 13%) with some hitting 33%.
- Average levels of THC increased from about 0.5% twenty years ago to nearer 5% at present in Britain.
- "Nederweed" (smoked in The Netherlands) has an average of 10-11%.

# Understanding the addictive nature of cannabis

“There is no question that marijuana can be addictive; that argument is over. The most important thing right now is to understand the vulnerability of young developing brains to these increased concentrations of cannabis.”

Dr. Nora Volkow, Director of the National Institute on Drug Abuse, United States

# Understanding the harms of marijuana

- The *2006 World Drug Report* reported that serious mental health consequences are associated with cannabis, including a substantial risk of dependency, precipitation and aggravation of psychosis, and acute dysphoric episodes.
- These risks appear to be higher for people who start consuming cannabis during adolescence.

# What say scientists:

- Scientists from Cardiff University studied the life patterns of 50,000 people who carried out national service in Sweden over a 27-year period.
- The study found that people who had used cannabis more than 50 times before the age of 18 were three times more likely to develop schizophrenia.

# Understanding sensible and effective drug policy

- It is dangerous and even deadly to ignore the fact that the drugs themselves are toxic, not the manner in which they are administered.
- The majority of our citizens do not use drugs.
- Drug policy and laws, therefore, must always be implemented to protect the health, safety and quality of life of families and citizens that do not use drugs.

# Understanding the attack on sensible and effective drug policy

- Drug legalization is being promoted worldwide as the “solution” to dealing with the problems associated with drug use and trafficking.
- Most advocates of drug legalization do not speak openly of legalization.

# Understanding the attack on sensible and effective drug policy

- Advocates of drug legalization promote innocent-sounding theories and strategies such as:
  - alternatives to the “War on Drugs”;
  - drug policy reform;
  - harm reduction;
  - “safety-first” education; and
  - “reality-based” education.

# Harm reduction as a legalization strategy



What is meant by “harm reduction” when advocates for permissive drug policy use the term?

Proponents of drug legalization believe that illegal drug use is an inherent aspect of the human condition; that society should simply accept the fact that people are going to use drugs and that it is in everyone's best interest to assist drug users by teaching them "safe use."

# Bridgeport, Connecticut - 1997

## Kit to use crack "safely"



# Excerpts from “Safe” Crack Kit Brochure

- “If you smoke indoors, make sure it is ventilated. Poorly aired rooms can be risky for tuberculosis (TB). Cover your mouth when coughing.”
- “If you have problems breathing or are coughing up dark stuff, slow down or stop smoking for a while. See a doctor is [if] it continues!”

# Marijuana Harm Reduction



# Harm reduction as a legalization strategy



- Harm reduction is used as a veiled crusade to legalize, or in the words of Ethan Nadelmann, director of the Drug Policy Alliance (a pro-drug legalization organization), to "decriminalize" or "normalize" drug use.
- The December 1994 issue of the *Drug Policy Report* quotes Nadelmann:  
**"I am a big fan of harm reduction. It is about making prohibition work better, but on our terms."**
- Embracing harm reduction moves policy one step closer to the legalization of harmful drugs of abuse.

# Needle "Exchange" Programs as a legalization strategy

- An ill-conceived notion of reducing the spread of AIDS by providing clean syringes for intravenous addicts .
- Cities in North America and Europe sponsor needle exchange programs (NEPs) under this assumption.
- There is little exchange of needles going on under these programs, as addicts are not required to return their used needles to receive a fresh supply.
- **Programs are better defined as “needle giveaway programs” than as exchanges.**

# Flaws of NEP studies



After reviewing major needle exchange studies, David Murray, Director of Research for the Statistical Assessment Service in Washington, D.C. stated:

**"Most studies have had serious methodological limitations, and new studies in Montreal and Vancouver have revealed a troubling pattern: in general the better the study design, the less convincing the evidence that clean-needle giveaways protect against HIV."**

# Heroin Maintenance as a legalization strategy

- By proposing to offer addicts their drug of choice, the clinical definition of "treatment" as we currently know it has been completely re-defined.
- In some countries, heroin maintenance programs are replacing abstinence-based treatment programs under the flawed opinion that "offering controlled doses of heroin might lure some addicts off the street and into a setting where they can get health care and counseling and eventually "kick the habit."



# Flaws of Heroin Maintenance

- Most opiate addicts are polytoxicomaniacs (addicted to several drugs) and these programs would supply them with their base drug, free of charge.
- Psychic effects of opiates make it very difficult to get in touch with the addict emotionally; therefore, psychotherapy is almost impossible.
- A patient in a heroin maintenance program is still under the influence of the drug and has no motivation to begin a therapy leading to abstinence.



# Flaws of Heroin Maintenance

A report of the External Expert of the WHO (World Health Organization) studying the results of the Swiss heroin trials soundly rejects heroin-supported therapy. It found:

- **“No improvement in health and social well-being can be attributed to the distribution of heroin.”**

# Harm Reduction-based education programs as a legalization strategy

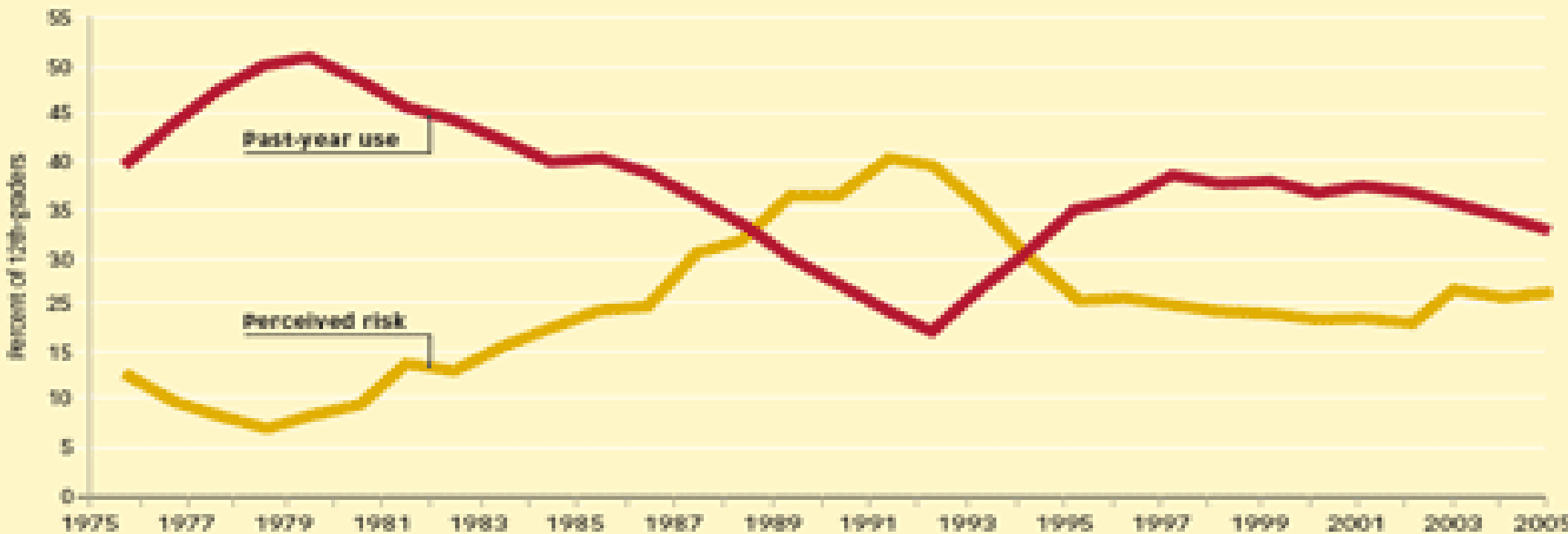
- Harm reduction has entered school classrooms in Europe and North America, under the guise of drug prevention education, with catchy phrases such as:
  - responsible use;
  - risk education;
  - safety first; and
  - reality based.
- The basic misconception is that "total abstinence may not be a realistic alternative for all teenagers."



## WHAT THE NUMBERS SAY

### Abuse Drops When High School Seniors View Marijuana as Dangerous

The graphic shows the relationship between two trends identified in the annual Monitoring the Future Survey of 12th-graders. The annual prevalence of marijuana abuse by high school seniors falls when the perceived harmfulness of marijuana use rises, and vice versa.



SOURCE: University of Michigan, 2005 Monitoring the Future Survey

# Understanding the difference between harm reduction-based and abstinence-based education programs

- Successful abstinence-based anti-drug education programs teach students that any use of an illicit drug is unlawful and harmful and provide information on alternatives to using drugs and how to find abstinence-based treatment.
- Harm reduction drug education operates under the assumption that "they'll do drugs no matter what."
- **Harm reduction education** targets the minority of young people - those who are already involved with drugs.
- **Abstinence-based drug education** programs focus on the majority of young people

# Conclusions about harm reduction strategies



- Needle "exchanges," "responsible drug use" education and heroin maintenance programs are cloaks for the ulterior motive of drug legalization.
- If harm reduction advocates truly wish to reduce the harm associated with drug use, their goal would be to prevent the use of and to continue to prohibit illegal drugs, since data clearly show that legalization would only increase drug use.

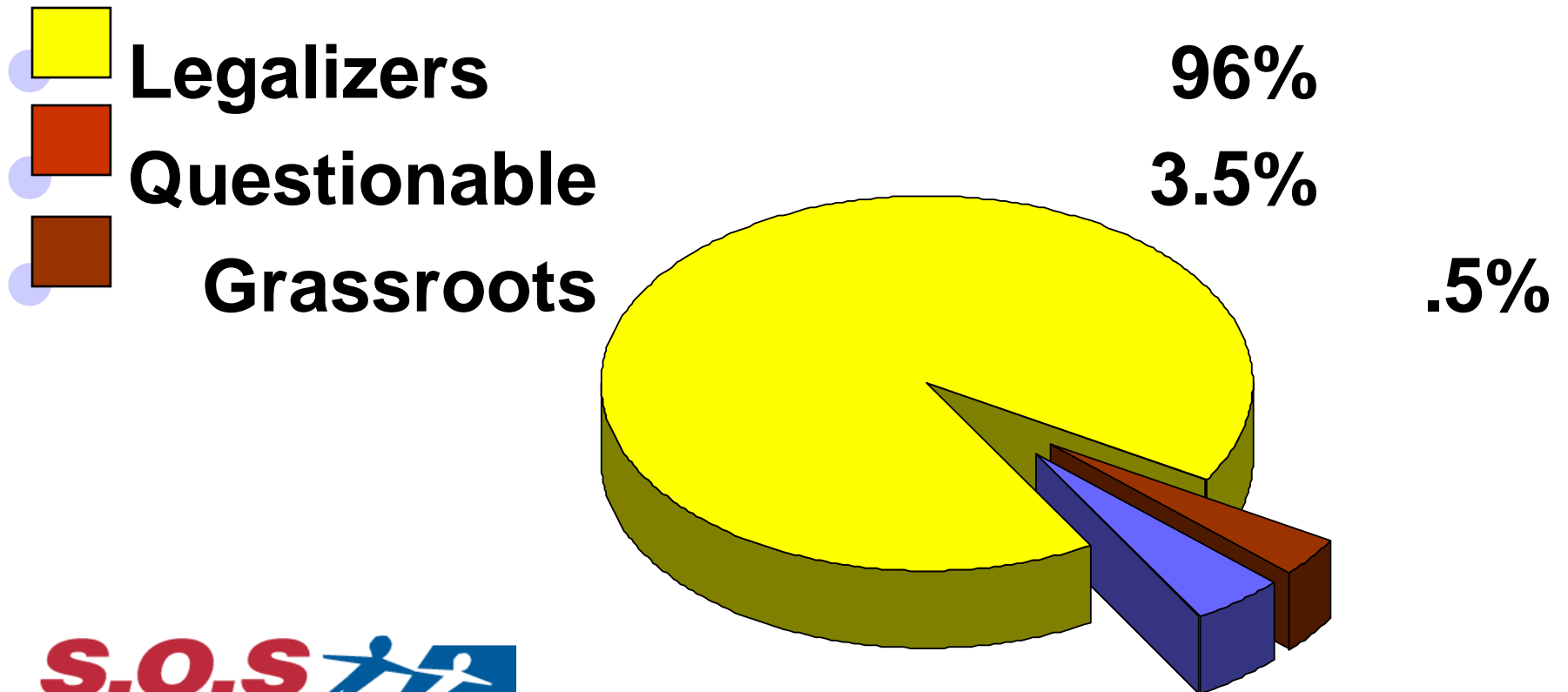
# Medical excuse cannabis as a drug legalization strategy (medi-pot)

- Initiatives are promoted to legalize cannabis and other dangerous drugs as so-called medicine.
- A number of U.S. states and Canada have legalized marijuana as medicine and at least one U.S. state has included other dangerous and unproven drugs such as:
  - cocaine, heroin, methamphetamines, cannabis and more than a hundred other mind-altering substances.
- The true intent of the pushers behind the drug legalization movement is far from medical or even close to being scientific.

# Medical excuse cannabis as a drug legalization strategy (medi-pot)

- The groups pushing these initiatives are using medicine as a guise to soften public opinion about drugs and to erode restrictive drug policy.
- The major financial contributors to the initiatives are affiliated with drug legalization organizations rather than with any medical or scientific organizations.
  - Billionaire financier George Soros
  - Open Society Institute
  - Drug Policy Alliance
  - John Sperling, founder of Phoenix University
  - Peter Lewis, Chair of the Board of

# Voters or Legalizers? (as of 10/26/2000)



# The Three Big Funders of Drug Legalization

- **George Soros – Open Society – over \$50 MILLION contributed**
  - **Convicted of insider trading**
- **Peter Lewis – Progressive Insurance – Estimated at \$6-8 MILLION per year**
  - **Arrested by authorities in The Netherlands for attempting to smuggle drugs**
- **John Sperling – Phoenix University – over \$13 MILLION contributed**

# 12 Pounds of Marijuana

12  
1 lb bag  
MJ



AUG 27 2002

# Closing recommendations on public policies pertaining to cannabis and other drugs

- Efforts to curb drug demand must include efforts to prevent the use of cannabis.
  - It is not a benign drug.
  - It is the illegal drug most commonly used by youth today.
  - It is the one drug that is growing in popularity and has been somewhat normalized in many societies.
- A global approach to protecting our children must include strategies to push back against the production,

# An effective global approach must include three core principles of drug policies

## 1. Prevention and education

- The main goal of positive prevention is to build healthy and safe youth, families and communities.
- Effective prevention must be reinforced at every level of society.

## 2. Treatment

- The goal must be eventual drug abstinence to fully restore the individual's health, dignity and safety.
- Governments must be confronted with the high cost of not treating drug abuse.
- Treatment availability must be increased.

# An effective global approach must include three core principles of drug policies

## 3. Justice enforcement and interdiction

- Law enforcement's goal is public safety and should support both prevention and treatment by serving as a deterrent to drug use and as leverage for treatment participation.
- The justice system can identify problem drug users, refer them to treatment and apply fair progressive accountability.

# Additional recommendations on public policies

- Nations, regions, and communities must have comprehensive multilevel prevention plans.
  - These plans require widespread input from non-governmental organizations (NGOs), citizens, youth leaders and experts with strong leadership at all levels.
- Prevention must have a communitarian base.
  - Drug prevention is best developed and delivered at the local community level through an open, participatory process.
- A clear and unambiguous message must be

# Additional recommendations on public policies

- It is critical to understand that all drug use, even first time use, creates an unacceptable risk to the health and safety of both users and non-users alike.
- Addiction and compulsive use exacerbate these problems, and the risk of addiction starts with first drug use.
- Policies must reflect this understanding.
- Strategies to deter drug use and detect use early are vital to effective drug demand reduction efforts.

# Additional recommendations on public policies

- Policies must reflect the understanding that:
  - Even first time and irregular drug use increase the risk of accidents, neglect, risky decision-making and family violence.
  - Illicit drugs and abused pharmaceuticals and certain legal drugs are used for the purpose of intoxication, and intoxicated persons pose a risk to public safety and order.

# Additional recommendations on public policies

- Public policy on drugs must also consider environmental factors.
  - Drug laboratories and processing plants release poisonous chemicals into the environment with no health or safety protection.
  - Drug growers waste precious natural resources to produce drugs.
  - Drugs, such as cannabis, that are smoked release carcinogens and other hazardous elements into the air.

# Additional recommendations on public policies

- Public policy on drugs must also consider terrorism issues.
  - Drug users provide the profits and support the links noted by the United Nations “between illicit drug production, trafficking and involvement of terrorist groups, criminals, and transnational organized crime.”

# Conclusion



- Support for drug demand reduction policies can be found through grassroots coalitions such as the international groups of volunteers at:
  - Drug Free America Foundation, Inc. ([www.dfaf.org](http://www.dfaf.org))
  - International Task Force on Strategic Drug Policy ([www.itfsdp.org](http://www.itfsdp.org))
  - International Scientific and Medical Forum on Drug Abuse and Institute on Global Drug Policy ([www.globaldrugpolicy.org](http://www.globaldrugpolicy.org))
  - Drug Watch International ([www.drugwatch.org](http://www.drugwatch.org))
  - BRAHA ([www.braha.org](http://www.braha.org))